2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 762042

Entity Name: FLORIDA ASSOCIATION OF CHRISTIAN CHILD-CARING

AGENCIES, INC.

Current Principal Place of Business:

13448 COUNTY ROAD 10A WELLBORN, FL 32904

Current Mailing Address:

P.O. BOX 8094

SEMINOLE, FL 33775 US

FEI Number: 59-2249280 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRYAN B. MORROW, JR. 2603 SW BRIM STREET LAKE CITY, FL 32024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Address

Electronic Signature of Registered Agent

1835 US 1 SOUTH SUITE 119-235

Date

FILED

May 30, 2014

Secretary of State CC3738658502

Officer/Director Detail:

Title D Title D

ROBBIE. SMITH MIKE, HIGGINS Name Name

Address 4772 SAFE HARBOR WAY Address 11415 HOPE INTERNATIONAL DR

TAMPA FL 36525 City-State-Zip: JACKSONVILLE FL 32226 City-State-Zip:

VΡ Title **DIRECTOR** Title

Name SPARKLIN, REX D SR. Name JOHNSON, KEN

Address 380 BOYS RANCH ROAD Address P.O. BOX 8094

City-State-Zip: SEMINOLE FL 33775 City-State-Zip: PALATKA FL 32177

Title **PRESIDENT** Title **SECRETARY**

Name KENNETH, RHOADS Name FRANLKIN, LISA

City-State-Zip: TALLAHASSEE FL 32309

City-State-Zip: ST. AUGUSTINE FL 32084

DIRECTOR Title Title **DIRECTOR** Name KANADY, GREG MORROW, BRYAN Name Address 44930 FARADEE RD Address 2603 SW BRIM STREET City-State-Zip: PUNTA GORDA FL 33982 LAKE CITY FL 32024 City-State-Zip:

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7771 MAHAN DR.

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

05/30/2014 SIGNATURE: BRYAN MORROW DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name ELDRIDGE, STUART

Address 1451 EDGEWOOD RANCH ROAD

City-State-Zip: ORLANDO FL 32835